

# NOTICE OF ACTION

## 60-MONTH TIME LIMIT (Continued)

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

### ADULT REACHED CalWORKS 60-MONTH TIME LIMIT - DISCONTINUE

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_

#### Net Countable Income

Total Business Income ..... \$ \_\_\_\_\_  
Business Expenses:  
a. 40% Standard ..... - \_\_\_\_\_  
OR  
b. Actual ..... - \_\_\_\_\_  
Net Earnings from Self-Employment ..... = \_\_\_\_\_

Total Disability-Based Unearned Income  
(Assistance Unit + Non-Assistance Unit Members) ..... \$ \_\_\_\_\_  
\$225 Disregard ..... - \_\_\_\_\_  
Nonexempt Unearned Disability-Based Income ..... = \_\_\_\_\_  
OR  
Unused Amount of \$225 Disregard ..... = \_\_\_\_\_

Total Earned Income ..... \$ \_\_\_\_\_  
Net Earnings from Self-Employment (from above) ..... + \_\_\_\_\_  
Subtotal ..... = \_\_\_\_\_  
Unused Amount of \$225 Disregard (from above) ..... - \_\_\_\_\_  
Subtotal ..... = \_\_\_\_\_  
Earned Income Disregard 50% ..... - \_\_\_\_\_  
Subtotal ..... = \_\_\_\_\_

Nonexempt Unearned Disability-Based Income  
(from above) ..... + \_\_\_\_\_  
Other Nonexempt Income (Assistance Unit + Non-  
Assistance Unit Members) ..... + \_\_\_\_\_  
..... + \_\_\_\_\_

Child Support collected by the County, Except for  
Maximum Family Grant child (for financial eligibility  
only) ..... + \_\_\_\_\_

**(A) Net Countable Income** ..... = \_\_\_\_\_

#### Maximum Aid Payment

Maximum Aid for \_\_\_\_\_ Persons  
(Assistance Unit + Non-Assistance Unit Members) ..... \$ \_\_\_\_\_  
Special Needs (Assistance Unit + Non-Assistance  
Unit Members) ..... + \_\_\_\_\_

**(B) Maximum Aid Payment** ..... = \_\_\_\_\_

#### EXEMPT MONTHS

The following \_\_\_\_\_ months did not count toward your CalWORKs 60-month time limit:

Year \_\_\_\_\_ - Jan Feb Mar Apr May June  
July Aug Sept Oct Nov Dec

Year \_\_\_\_\_ - Jan Feb Mar Apr May June  
July Aug Sept Oct Nov Dec